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PAGE 03

Official Form 6 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

TRANSFER OF CLAIM	
<input checked="" type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1002(d).	
REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. <input checked="" type="checkbox"/> <u>David C. Fiesner</u> Signature of Petitioner or Representative (State title) <u>David C. Fiesner</u> Name of Petitioner <u>3/12/07</u> Date Signed Name & Mailing Address of Individual Signing in Representative Capacity _____	<input checked="" type="checkbox"/> <u>Lee C. Bauch</u> <u>3/12/07</u> Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No.
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>William S. Lear</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	<input checked="" type="checkbox"/> _____ Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No.
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title) <u>Focus Enterprises, Inc.</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity <u>William S. Lear</u> <u>575 N. Michigan Ave., Ste. 3011</u> <u>Chicago, IL 60611</u>	<input checked="" type="checkbox"/> _____ Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No.
<input checked="" type="checkbox"/> _____ Signature of Petitioner or Representative (State title)	<input checked="" type="checkbox"/> _____ Signature of Attorney Date

2 Continuation sheets attached

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PAGE 01

Official Form 8 (10/05) - Cont.

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Case No. _____

TRANSFER OF CLAIM	
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).	
REQUEST FOR RELIEF	
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.	
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.	
X _____ Signature of Petitioner or Representative (State title) <u>David C. Fialamar</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X _____ Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X <u>William S. Lear</u> Signature of Petitioner or Representative (State title) <u>William S. Lear</u> <u>3/12/07</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X <u>David C. Fialamar</u> <u>3/12/07</u> Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X <u>William S. Lear</u> <u>Partner</u> Signature of Petitioner or Representative (State title) <u>Focus Enterprises, Inc.</u> <u>3/12/07</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity <u>William S. Lear, Partner</u> <u>875 N. Michigan Ave., Ste. 3011</u> <u>Chicago, IL 60611</u>	X <u>David C. Fialamar</u> <u>3/12/07</u> Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X	X

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Page 02

Official Form 5 (10/05) - Cont.

Name of Debtor: Biosafe Medical Technologies, Inc.

Case No.

<p><i>[Signature]</i> Ned Bedric Name of Petitioner _____ Date Signed 3/12/07</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p><i>[Signature]</i> 3/12/07 Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>
<p><input checked="" type="checkbox"/> Stephen J. Reitman Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>
<p><input checked="" type="checkbox"/> Frederick J. Fitzekmons Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>
<p><input checked="" type="checkbox"/> Peter M. Mott Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p><input checked="" type="checkbox"/> Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604</p> <p>Address (312) 588-5000 Telephone No.</p>

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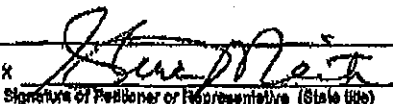
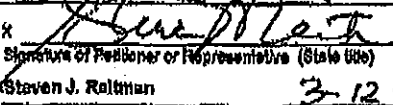
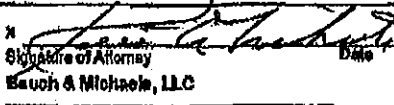

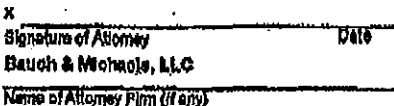
PAGE 02

3/12/2007 3:16 PM FROM: Bauch, Michaela Bauch, Michaela TO: 41 (047) 423-1110 PAGE: 002 OF 002

Official Form 6 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Signature of Petitioner or Representative (State title) Ned Erdio Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____ X  Signature of Petitioner or Representative (State title) Steven J. Reithman <u>3-12-07</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (If any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X  Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons <u>3-12-07</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X  <u>3/12/07</u> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (If any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X  Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X  Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (If any) 63 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____

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Official Form 5 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Signature of Petitioner or Representative (State title) Ned Bedrio Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Stephen J. Reisman Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
X <i>Frederick J. Fitzsimmons</i> Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons <i>3/12/07</i> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X <i>Lawrence E. Michaels</i> <i>3/12/07</i> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Peter M. Wolk Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-6000 Telephone No. _____

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Official Form 5 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Signature of Petitioner or Representative (State title) Ned Bedrie Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Stephen J. Rokman Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X <i>P. Mott</i> Signature of Petitioner or Representative (State title) Peter M. Mott 3.12.07 Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X <i>Lois Chubb</i> 3/12/07 Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____

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p. 1

Official Form 6 (10/06) - Cont.

Name of Doctor Biosafe Medical Technologies, Inc.

Case No.

<p>X <u>Michael T. Welch</u> Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> <u>3/12/07</u> Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity <u>Michael T. Welch</u> <u>259 W. Montana</u> <u>Chicago, IL 60614</u></p>	<p>X <u>[Signature]</u> <u>3/13/07</u> Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No.</p>
<p>X _____ Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____ _____ _____</p>	<p>X _____ Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No.</p>

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PAGE 05/06

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

<p>X Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date _____ <u>Bauch & Michael, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>
<p>X Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual _____ Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date <u>3/13/07</u> <u>Bauch & Michael, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>

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Official Form 3 (10/05) - Cont.

Name of Debtor - GlaxoSmithKline Medical Technologies, Inc.

Case No. _____

<p>X Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of individual Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>
<p>X Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of individual Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>
<p>X <u>Timothy O'Brien</u> Signature of Petitioner or Representative (State title) <u>Timothy O'Brien</u> Name of Petitioner _____ Date Signed <u>3-13-07</u></p> <p>Name & Mailing Address of individual Signing in Representative Capacity _____</p>	<p>X <u>Paul G. Michaels</u> <u>3/13/07</u> Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

PETITIONING CREDITORS		
Name and Address of Petitioner	Nature of Claim	Amount of Claim
David C. Fleisher 1163 Ranch Road Lake Forest, IL 60045	salary (\$208,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), loan (\$12,419.13)	1,066,419.13
Name and Address of Petitioner	Nature of Claim	Amount of Claim
William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Suite 3011 Chicago, IL 60611	salary (\$41,000), expense reimbursement (\$14,000)	55,000.00

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. _____

Name and Address of Petitioner Focus Enterprises, Inc. 875 N. Michigan Avenue Suite 3011 Chicago, IL 60611	Nature of Claim contract claim	Amount of Claim 12,000.00
Name and Address of Petitioner Ned Badrlo 5309 Main Street Skokie, IL 60077	Nature of Claim Commissions due	Amount of Claim 20,000.00
Name and Address of Petitioner Steven J. Reitman 212 The Lane Hinsdale, IL 60521	Nature of Claim promissory note	Amount of Claim 977,500.00
Name and Address of Petitioner Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 60201	Nature of Claim loan-defaulted	Amount of Claim 25,000.00
Name and Address of Petitioner Peter M. Mott 325 Rockefeller Road Lake Forest, IL 60045	Nature of Claim promissory note-defaulted	Amount of Claim 100,000.00
Name and Address of Petitioner Michael T. Welch 1239 W. Montana Chicago, IL 60614	Nature of Claim note (\$100,000) - defaulted; note (\$50,000) - defaulted	Amount of Claim 150,000.00
Name and Address of Petitioner A. Alexander Arnold, III Apt. 16B 460 E. 79th Street New York, NY 10021	Nature of Claim deposit of guarantor (\$250,000)	Amount of Claim 250,000.00
Name and Address of Petitioner Timothy O'Brien 10419 Applewood Court Mequon, WI 53092	Nature of Claim contract and custom software design	Amount of Claim 232,785.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$ 2,888,704.13

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	)	No. 07-4412
	)	Chapter 11
Biosafe Medical Technologies, Inc.)	
	)	Involuntary Petition
Debtor.)	
	)	Hon. Susan Pierson Sonderby
	)	Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

William R. Kitchel ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.

2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.

3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 28TH, 2007.


William R. Kitchel

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
William R. Kitchel 818 Cherokee Rd. Lake Forest, IL 60045	At least \$51,000.00	Salary

Official Form 5 (10/06)

United States Bankruptcy Court Northern District of Illinois		INVOLUNTARY PETITION
IN RE (Name of Debtor - If Individual: Last, First, Middle) Biosafe Medical Technologies, Inc.		ALL OTHER NAMES used by debtor in the last 8 years (include married, maiden, and trade names)
Last four digits of Soc. Sec. No./Complete EIN or other Tax I.D. No. (if more than one, state all.)		
STREET ADDRESS OF DEBTOR (No. and street, city, state and zip code) 100 Field Dr., Suite 240 Lake Forest, IL COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS: Lake <div style="text-align: right;">ZIP CODE 60045</div>		MAILING ADDRESS OF DEBTOR (if different from street address) <div style="text-align: right;">ZIP CODE</div>
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (if different from previously listed addresses)		
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <div style="display: flex; justify-content: space-around;"><input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11</div>		
INFORMATION REGARDING DEBTOR (Check applicable boxes)		
Nature of Debts (Check one box.) Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts	Type of Debtor (Form of Organization) <input type="checkbox"/> Individual (includes Joint Debtor) <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (if debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other
VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached. <i>(If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.)</i>
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Report information for any additional cases on attached sheets)		
Name of Debtor	Case Number	Date
Relationship	District	Judge
ALLEGATIONS (Check applicable boxes) 1. <input checked="" type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. §303(b). 2. <input checked="" type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code. 3.a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount; <div style="text-align: center;">or</div> b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.		COURT USE ONLY

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PAGE 03

Official Form 5 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

TRANSFER OF CLAIM	
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X <u>David C. Fleiner</u> Signature of Petitioner or Representative (State title) <u>David C. Fleiner</u> Name of Petitioner <u>3/12/07</u> Date Signed	X <u>Lee C. Bauch</u> <u>3/12/07</u> Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 688-5000</u> Telephone No.
Name & Mailing Address of Individual Signing in Representative Capacity	
X Signature of Petitioner or Representative (State title) <u>William S. Lear</u> Name of Petitioner Date Signed	X Signature of Attorney <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 688-5000</u> Telephone No.
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Name & Mailing Address of Individual Signing in Representative Capacity <u>William S. Lear</u> <u>875 N. Michigan Ave. Ste. 3011</u> <u>Chicago, IL 60611</u>	
X	X

2 Continuation sheets attached

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PAGE 81

Official Form 8 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

TRANSFER OF CLAIM	
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).	
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Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.	
X Signature of Petitioner or Representative (State title) <u>David C. Pfelner</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X Signature of Petitioner or Representative (State title) <u>William S. Lear</u> Name of Petitioner _____ Date Signed <u>3/12/07</u> Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date <u>3/12/07</u> <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X Signature of Petitioner or Representative (State title) <u>Focus Enterprises, Inc.</u> Name of Petitioner _____ Date Signed <u>3/12/07</u> Name & Mailing Address of Individual <u>William S. Lear, Partner</u> Signing in Representative Capacity <u>875 N. Michigan Ave., Ste. 3011</u> <u>Chicago, IL 60611</u>	X Signature of Attorney _____ Date <u>3/12/07</u> <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>53 West Jackson Boulevard</u> <u>Suite 1118</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____
X	X

3 Continuation sheets attached

PL 02041

03/12/2007 14:04 04/24/0969

LANDMARK LK

PAGE 02

Official Form 6 (10/06) - Cont.

Name of Debtor **Biosafe Medical Technologies, Inc.**

Case No. 07-4412

<p><i>[Signature]</i> Ned Bedro Name of Petitioner 3/12/07 Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p><i>[Signature]</i> Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.</p>
<p>X Signature of Petitioner or Representative (State title) Stephen J. Reitman Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p>X Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.</p>
<p>X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p>X Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.</p>
<p>X Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity</p>	<p>X Signature of Attorney Date Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address (312) 588-5000 Telephone No.</p>

03/12/2007 14:36 8474131110

NORTHWESTERN MUTUAL

PAGE 02

3/12/2007 3:16 PM FROM: Bauch Michael/J Bauch Michael TO: +1 (312) 588-5000 FROM: 002 OF 002

Official Form 5 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

Signature of Petitioner or Representative (State title) Ned Redrio Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Steven J. Reithman Name of Petitioner _____ Date Signed 3-12-07 Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date 3/12/07 Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____

03/12/2007 16:38 18474488381

OFFICE FAX

PAGE 01

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

Signature of Petitioner or Representative (State title) Med Bedrio Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Stephen J. Reisman Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X <i>Frederick J. Fitzsimmons</i> Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons <u>3/12/07</u> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X <i>Lawrence E. Baugh</i> <u>3/12/07</u> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Peter M. Mott Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____

PL 02044

MAY 12 2007 15:20 FR BI FLEX. BROWN

312 424 6418 10 94275709

P.01/01

Official Form 5 (10/05) - Cont.

Name of Debtor: Biosafe Medical Technologies, Inc.Case No. 07-4412

Signature of Petitioner or Representative (State title) Ned Bedrie Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Stephen J. Reitman Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X Signature of Petitioner or Representative (State title) Frederick J. Fitzsimmons Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____
X <i>P. Mott</i> Signature of Petitioner or Representative (State title) Peter M. Mott <i>3.12.07</i> Name of Petitioner _____ Date Signed _____ Name & Mailing Address of Individual _____ Signing in Representative Capacity _____	X <i>Lawrence E. Chudak</i> <i>3/12/07</i> Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) _____ 53 West Jackson Boulevard Suite 1115 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____

** TOTAL PAGE.01 **

PL 02045

Mar 12 2007 3:40 PM Welch

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p. 1

Official Form 6 (10/05) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

<p>x <u>Michael T. Welch</u> Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> Name of Petitioner <u>3/12/07</u> Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity <u>Michael T. Welch</u> <u>289 W. Montana</u> <u>Chicago, IL 60614</u></p>	<p>x <u>[Signature]</u> <u>3/13/07</u> Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No.</p>
<p>x _____ Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner _____ Date Signed</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____ _____ _____</p>	<p>x _____ Signature of Attorney Date <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (If any) <u>53 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address <u>(312) 588-5000</u> Telephone No.</p>

03/13/2007 10:49 212-826-2198

FIRST REPUBLIC BANK

PAGE 05/06

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

<p>* Signature of Petitioner or Representative (State title) <u>Michael T. Welch</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p>* Signature of Attorney _____ Date _____ <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>83 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>
<p>* Signature of Petitioner or Representative (State title) <u>A. Alexander Arnold, III</u> Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p>* Signature of Attorney _____ Date <u>3/13/07</u> <u>Bauch & Michaels, LLC</u> Name of Attorney Firm (if any) <u>83 West Jackson Boulevard</u> <u>Suite 1115</u> <u>Chicago, Illinois 60604</u> Address _____ <u>(312) 588-5000</u> Telephone No. _____</p>

Mar 13 2007 11:57AM O'Brien Consulting

202 241 0125

p.6

Official Form 5 (10/06) - Cont.

Name of Debtor - Biosafe Medical Technologies, Inc.

Case No. 07-4412

<p>X Signature of Petitioner or Representative (State title) Michael T. Welch Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____</p>
<p>X Signature of Petitioner or Representative (State title) A. Alexander Arnold, III Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p>X Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____</p>
<p>X <i>Timothy O'Brien</i> Signature of Petitioner or Representative (State title) Timothy O'Brien 3-13-07 Name of Petitioner _____ Date Signed _____</p> <p>Name & Mailing Address of Individual Signing in Representative Capacity _____</p>	<p>X <i>James E. Burkholder</i> 3/13/07 Signature of Attorney _____ Date _____ Bauch & Michaels, LLC Name of Attorney Firm (if any) 53 West Jackson Boulevard Suite 1118 Chicago, Illinois 60604 Address _____ (312) 588-5000 Telephone No. _____</p>

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.

Case No. 07-4412

PETITIONING CREDITORS		
Name and Address of Petitioner David C. Felsner 1163 Ranch Road Lake Forest, IL 60046	Nature of Claim salary (\$209,000), bonus (\$75,000), bonus (\$225,000), contract severance (\$545,000), loan (\$12,419.13)	Amount of Claim 1,066,419.13
Name and Address of Petitioner William S. Lear c/o Focus Enterprises, Inc. 875 N. Michigan Ave. Suite 3011 Chicago, IL 60611	Nature of Claim salary (\$41,000), expense reimbursement (\$14,000)	Amount of Claim 55,000.00

Official Form 5 (10/06) - Cont.

Name of Debtor Biosafe Medical Technologies, Inc.Case No. 07-4412

Name and Address of Petitioner Focus Enterprises, Inc. 875 N. Michigan Avenue Suite 3011 Chicago, IL 60611	Nature of Claim contract claim	Amount of Claim 12,000.00
Name and Address of Petitioner Ned Bedrio 5300 Main Street Skokie, IL 60077	Nature of Claim Commissions due	Amount of Claim 20,000.00
Name and Address of Petitioner Steven J. Reitman 212 The Lane Hinsdale, IL 60521	Nature of Claim promissory note	Amount of Claim 977,500.00
Name and Address of Petitioner Frederick J. Fitzsimmons 2142 Ashland Ave., Suite 2 Evanston, IL 60201	Nature of Claim loan-defaulted	Amount of Claim 25,000.00
Name and Address of Petitioner Peter M. Mott 525 Rockefeller Road Lake Forest, IL 60045	Nature of Claim promissory note-defaulted	Amount of Claim 100,000.00
Name and Address of Petitioner Michael T. Welch 1230 W. Montana Chicago, IL 60614	Nature of Claim note (\$100,000) - defaulted; note (\$50,000) - defaulted	Amount of Claim 150,000.00
Name and Address of Petitioner A. Alexander Arnold, III Apt. 16B 460 E. 79th Street New York, NY 10021	Nature of Claim deposit of guarantor (\$250,000)	Amount of Claim 250,000.00
Name and Address of Petitioner Timothy O'Brien 10419 Applewood Court Mequon, WI 53092	Nature of Claim contract and custom software design	Amount of Claim 232,785.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$ 2,888,704.13

EXHIBIT 1

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	)	No. 07-4412
	)	Chapter 11
Biosafe Medical Technologies, Inc.	)	Involuntary Petition
Debtor.	)	Hon. Susan Pierson Sonderby
	)	Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Donald C. Sharp ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

Mar 27 07 12:55a

Don Sharp

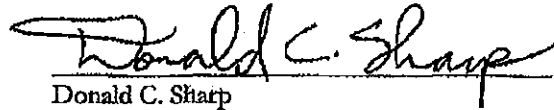
630-545-9383

p.3

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 26, 2007.


Donald C. Sharp

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Donald C. Sharp 306 Spring Ave. Glen Ellyn, IL 60137	\$25,000.00	Defaulted note payable

EXHIBIT 2

Mar-27-07 13:56 From: Fedex Kinko's 8820

8478239360

T-821 P.009/005 F-877

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION**

In re:	)	No. 07-4412
	)	Chapter 11
Biosafe Medical Technologies, Inc.,)	
	)	Involuntary Petition
Debtor.)	
	)	Hon. Susan Pierson Sonderby
	)	Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Mark C. Brun ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.
2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.
3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

Mar-27-07 13:56 From-Fedex Kinko's 9820

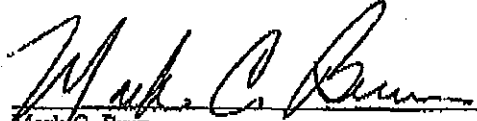
8478239866

T-921 P.004/005 F-377

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 27th 2007.


Mark C. Brun

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mark C. Brun 409 N Meacham Park Ridge, IL 60068	\$4,040.00	Architectural services

EXHIBIT 3

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION

In re:	)	No. 07-4412
	)	Chapter 11
Biosafe Medical Technologies, Inc.)	
	)	Involuntary Petition
Debtor.)	
	)	Hon. Susan Pierson Sonderby
	)	Courtroom 642

JOINDER OF ADDITIONAL PETITIONING CREDITOR

Mason Kenneth Bien ("Petitioner"), pursuant to § 303(c) of Title 11, United States Code §§ 101 *et seq.*, ("Bankruptcy Code") hereby joins in the Involuntary Petition ("Petition") filed in the above-captioned case on March 13, 2007, and in support thereof state as follows.

1. Petitioner is eligible to join in the Petition pursuant to § 303(b) of the Bankruptcy Code.

2. The debtor BioSafe Medical Technologies, Inc., f/k/a Illinois Medical Technologies, Inc. ("BioSafe" or "Debtor") is a person against whom an order for relief may be entered under the Bankruptcy Code.

3. BioSafe is generally not paying its debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount.

WHEREFORE, Petitioner requests that an order for relief be entered against the Debtor under Chapter 11 of the Bankruptcy Code.

Petitioning Creditors of Biosafe

By: /s/ Kenneth A. Michaels Jr.
One of Their Attorneys

Mar 26 07 05:05p

Ken Bien

858-756-2890

p. 1

PETITIONER'S DECLARATION

Petitioner declares under penalty of perjury that the foregoing is true and correct to the best of his knowledge, information and belief.

Dated: March 7, 2007.

Mason Kenneth Bien
Mason Kenneth Bien

Additional Petitioning Creditor	Nature of Claim	Amount of Claim
Mason Kenneth Bien 5515 San Elijo PO Box 327 Rancho Santa Fe, CA 92067 OR 5503 SW STONOGATE CT TOLSON, KANSAS 66606	\$214,500.00; defaulted loan due from Debtor (\$100,000); defaulted loan due from Debtor's subsidiary (\$100,000); interest due on both loans, in excess of \$14,500	Unsecured loans